



# TOWN OF SURFSIDE

9293 Harding Avenue  
Surfside, Florida 33154

## An Equal Opportunity Employer and a Drug Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

## POLICE DEPARTMENT EMPLOYMENT APPLICATION

**NOTICE: PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS APPLICATION AS REQUESTED WILL BE EVALUATED AND USED AS ONE BASIS FOR SELECTION DECISIONS. THIS APPLICATION WHEN COMPLETED WILL BE USED BY THE TOWN OF SURFSIDE AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN WITH THE TOWN OF SURFSIDE. THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS. YOU MAY ATTACH A RESUME OR COPIES OF DOCUMENTS YOU FEEL HELP CLARIFY YOUR BACKGROUND, BUT RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. IF APPLYING FOR MORE THAN ONE POSITION, PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH POSITION. FAILURE TO TRUTHFULLY AND ACCURATE ANSWER THE QUESTIONS WILL RESULT IN A CANDIDATE'S DISQUALIFICATION.**

### SECTION 1

#### INSTRUCTIONS

1. HAND PRINT CLEARLY, IN BLACK INK AND IN YOUR OWN HANDWRITING.
2. ANSWER EVERY QUESTION. IF A QUESTION DOES NOT APPLY TO YOU, SIMPLY INDICATE N/A. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. ANY UNANSWERED, INCOMPLETE OR OMITTED QUESTIONS MAY RESULT IN REJECTION OF YOUR APPLICATION OR DISMISSAL.
4. IF THE SPACE AVAILABLE IS INSUFFICIENT, USE A SEPARATE SHEET OF 8½ X 11 PAPER AND PRECEDE EACH ANSWER WITH THE QUESTION.
5. DO NOT MISSTATE OR OMIT ANY MATERIAL FACT SINCE THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR SELECTION.
6. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. DO NOT MAKE EXAGGERATED, FALSE OR MISLEADING STATEMENTS AS THEY MAY CAUSE YOUR REJECTION OR DISMISSAL.
7. EACH AND EVERY QUESTION HAS A PURPOSE. DO NOT FAIL TO ANSWER EACH QUESTION COMPLETELY, EVEN IF YOU FEEL IT IS "NOT IMPORTANT".
8. **PROVIDE A COPY OF BIRTH CERTIFICATE, GED OR HIGH SCHOOL DIPLOMA, UNIVERSITY DIPLOMA, DD214 (MILITARY), DIVORCE DECREE (IF APPLICABLE), DRIVERS LICENSE, AND SOCIAL SECURITY CARD.**
9. **PROVIDE OFFICIAL SEALED TRANSCRIPTS DOCUMENTING CREDIT HOURS FROM INVOLVED UNIVERSITIES OR COLLEGES TO THE SURFSIDE POLICE DEPARTMENT. THE APPLICATION WILL NOT BE COMPLETE WITHOUT SEALED TRANSCRIPTS.**

I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

THE FOLLOWING TYPES OF INFORMATION ARE EXAMPLES OF WHAT WILL BE COLLECTED: EMPLOYMENT AND EDUCATIONAL HISTORIES; MILITARY, INSURANCE, CREDIT, AND FINANCIAL INFORMATION; MOTOR VEHICLE AND POLICE RECORDS; INFORMATION ABOUT YOUR ABILITIES, FAMILY, CHARACTER, LIFESTYLE, AND ORGANIZATION MEMBERSHIPS. INFORMATION WILL BE OBTAINED BY LETTER, TELEPHONE AND BY PERSONAL INTERVIEW WITH BOTH PRIMARY AND SECONDARY SOURCES. THIS INFORMATION IS USED AS ONE BASIS FOR SELECTION DECISIONS.

**SECTION 2****POSITION APPLIED FOR:**If referred by a current a Town employee, indicate his/her name here: **REFERRED BY:****ARE YOU A CERTIFIED POLICE OFFICER?**☐ YES ☐ NO**WHAT STATE?** \_\_\_\_\_**CURRENT PERSONAL DATA****SECTION 3**NAME \_\_\_\_\_  
LAST FIRST MIDDLESOCIAL SECURITY NUMBER \_\_\_\_\_ **IMPORTANT NOTICE:** Your social security number is requested for the purpose of payroll eligibility verification, processing employee benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MO./DAY/YR. CITY/COUNTY/STATE/COUNTRYPRESENT ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODEMAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE

HOME TELEPHONE ( ) \_\_\_\_\_ BUSINESS TELEPHONE ( ) \_\_\_\_\_

CELLULAR/OTHER ( ) \_\_\_\_\_

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	SCARS, TATTOOS, ETC.

ALIAS(ES), NICKNAME, MAIDEN NAME, OR OTHER CHANGES IN NAME

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

☐ YES ☐ NO

CAN YOU, UPON EMPLOYMENT, SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?

☐ YES ☐ NO

ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES?

☐ YES ☐ NO

Sworn Positions Only (Requirement for FDLE CJST certification)

**EDUCATION****SECTION 4****CIRCLE HIGHEST GRADE COMPLETED GRADE/HIGH SCHOOL COLLEGE/UNIVERSITY GRADUATE****5 6 7 8 9 10 11 12****1 2 3 4****1 2 3 4****SCHOOL NAME/ADDRESS****ATTENDANCE DATES****DEGREE**

GRADE SCHOOL

HIGH SCHOOL

COLLEGE/UNIVERSITY

GRADUATE

OTHER/GED

WHILE IN SCHOOL, WERE YOU EVER SUSPENDED OR EXPELLED?

☐ YES ☐ NO

IF YES, EXPLAIN DATE, SCHOOL, AND INCIDENT. Attach additional sheets of paper if necessary.

IF YOU HAVE NOT YET OBTAINED A DEGREE, PLEASE INDICATE THE TOTAL AMOUNT OF COLLEGE CREDITS YOU HAVE EARNED. \_\_\_\_\_

**MILITARY****SECTION 5**

HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY OR COAST GUARD INCLUDING ROTC?

☐ YES ☐ NO (IF YES, INCLUDE A PHOTOCOPY OF DD-214)

BRANCH OF SERVICE

UNIT OR SHIP

WHAT IS YOUR MILITARY SERVICE NUMBER AND/OR SELECTIVE SERVICE NUMBER?

HIGHEST RANK HELD

HOW MANY PERIODS OF ACTIVE MILITARY SERVICE HAVE YOU HAD? Please list all periods of service.

LIST ALL MEDALS AND DECORATIONS AWARDED TO YOU AS A MEMBER OF THE ARMED FORCES.

WHAT IS THE TYPE OF YOUR DISCHARGE? BE EXACT. ATTACH COPY OF DD214.

☐HONORABLE    ☐DISHONORABLE    ☐GENERAL    ☐HONORABLE CONDITIONS

☐ OTHER \_\_\_\_\_

☐ IF OTHER THAN HONORABLE, STATE THE REASON OR CIRCUMSTANCES  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER ON ACTIVE OR INACTIVE DUTY OF ANY BRANCH OF THE UNITED STATES RESERVE FORCES?

☐YES    ☐NO            ☐ACTIVE    ☐INACTIVE

BRANCH OF SERVICE:\_\_\_\_\_

ARE YOU NOW OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?

☐YES    ☐NO    STATE BRANCH, UNIT AND LOCATION OF DUTY STATION, RANK.

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES? WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST OR COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION INCLUDING ARTICLE 15'S WHILE A MEMBER OF THE ARMED SERVICES?

☐YES    ☐NO    IF YES, STATE THE FINDINGS AND THE CIRCUMSTANCES FROM WHICH THE ACTION  
STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS.

LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR OTHER RESERVE UNIT AND THE CIRCUMSTANCES FROM WHICH THE ACTION STEMMED. PROVIDE ANY DOCUMENTATION YOU MAY POSSESS. Attach additional sheets of paper if necessary.

**MARITAL STATUS INFORMATION****SECTION 6**STATUS:    ☐SINGLE    ☐MARRIED    ☐ENGAGED    ☐SEPARATED    ☐DIVORCED    ☐WIDOWED

INFORMATION CONCERNING MARRIAGES (LIST ALL MARRIAGES):

	DATE MARRIED	JURISDICTION	SPOUSE NAME	SPOUSE D.O.B.
1				
2				
3				
4				

IF DIVORCED OR SEPARATED INDICATE NAME, ADDRESS &amp; TELEPHONE OF FORMER SPOUSE(S):

1	
2	
3	

IF EVER SEPARATED, ANNULLED OR DIVORCED, INDICATE THE FOLLOWING INFORMATION.

SEPARATED, ANNULLED OR DECREE	DATE OF ORDER	WHERE DECREED BY LAW (COURT AND STATE)

LIST ALL CHILDREN BY NAME AND AGE BORN TO YOU AND THEIR OTHER PARENT'S NAME AND ADDRESS.

CHILD'S NAME	AGE	OTHER PARENT'S NAME	ADDRESS

ARE YOU NOW SUPPORTING CHILDREN BORN TO YOU, EITHER ADOPTED BY YOU OR STEPCHILDREN?

☐ YES ☐ NO IF NOT, GIVE DETAILS

LIST IN THE ORDER GIVE, SHOWING RELATIONSHIP, PARENTS, GUARDIANS, STEPPARENTS, PARENTS-IN LAW, BROTHERS AND SISTERS, EVEN THOUGH DECEASED. INCLUDE ALL OTHERS YOU HAVE RESIDED WITH OR WITH WHOM A CLOSE RELATIONSHIP EXISTED OR EXTIST (LIFE PARTNERS AND/OR ROOMMATES). Attach additional sheets of paper if necessary.

RELATIONSHIP	NAME	PRESENT ADDRESS (IF LIVING)	PHONE	DATE OF BIRTH	OCCUPATION
FATHER					
MOTHER (MAIDEN NAME)					

ARE YOU CURRENTLY ENGAGED OR REGULARLY INVOLVED WITH OR RESIDING WITH ANOTHER PERSON IN A DOMESTIC RELATIONSHIP (OTHER THAN A LEGAL SPOUSE)? ☐ YES ☐ NO

IF YES: PLEASE PROVIDE THEIR NAME, ADDRESS AND DATE OF BIRTH:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS, IF DIFFERENT: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

CHRONOLOGICALLY LIST, STARTING WITH YOUR PRESENT RESIDENCE, ALL PREVIOUS PLACES OF RESIDENCE SINCE LEAVING ELEMENTARY SCHOOL:

DATES		ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
From:		
To:		
From:		
To:		
From:		
To:		
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From:		
To:		

**EMPLOYMENT HISTORY****SECTION 8**

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME

**INSTRUCTIONS:** BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY. IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

**NOTE:** BACKGROUND INVESTIGATION WILL NOT BE COMPLETE WITHOUT CONTACTING YOUR PRESENT EMPLOYER.

**PRESENT/MOST RECENT EMPLOYER NAME :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**NAME OF EMPLOYER :** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR'S NAME:** \_\_\_\_\_

**HIRE DATE:** \_\_\_\_\_ **SEPARATION (END) DATE:** \_\_\_\_\_

**JOB DUTIES & RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STARTING SALARY:** \_\_\_\_\_ **ENDING SALARY:** \_\_\_\_\_

**REASON FOR LEAVING (Be specific, this area must be completed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



NAME OF EMPLOYER : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES &amp; RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

\_\_\_\_\_

NAME OF EMPLOYER : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES &amp; RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

\_\_\_\_\_

NAME OF EMPLOYER : \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES &amp; RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

HAVE YOU EVER BEEN ASKED (OR GIVEN THE OPPORTUNITY) TO RESIGN FROM ANY EMPLOYMENT POSITION?

☐ YES   ☐ NO   IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

HAVE YOU BEEN COUNSELED, REPRIMANDED, SUSPENDED, OR TERMINATED FROM ANY EMPLOYMENT?

☐ YES   ☐ NO   IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

**FOR PAST OR PRESENT LAW ENFORCEMENT OFFICERS:**

HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL AFFAIRS INVESTIGATION?  
LIST JURISDICTION, ALLEGATION, DATES AND DISPOSITION.

☐ YES   ☐ NO   IF YES, PLEASE GIVE DETAILS. Attach additional sheets of paper if necessary.

DO YOU HAVE A SAVINGS ACCOUNT(S)?

☐ YES ☐ NO

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

DO YOU HAVE A CHECKING ACCOUNT(S)?

☐ YES ☐ NO

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

BANK NAME \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING YOUR HOME?

☐ YES ☐ NO

AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

AMOUNT INVESTED \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING OTHER REAL ESTATE?

☐ YES ☐ NO

TYPE OF REAL ESTATE \_\_\_\_\_ PURCHASE AMOUNT \_\_\_\_\_

MORTGAGE HOLDER \_\_\_\_\_ AMOUNT INVESTED \_\_\_\_\_

MORTGAGE BALANCE \_\_\_\_\_

ACCOUNT OR MORTGAGE # \_\_\_\_\_

DO YOU OWN OR ARE YOU BUYING AN AUTOMOBILE?

☐ YES ☐ NO

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

PURCHASE AMOUNT \_\_\_\_\_ AMOUNT OWED \_\_\_\_\_

MONTHLY PAYMENT \_\_\_\_\_ FINANCIAL CO. \_\_\_\_\_ ACCT No. \_\_\_\_\_

MAKE OF AUTO \_\_\_\_\_ YEAR \_\_\_\_\_

LIST ALL OTHER SOURCE OF INCOME OTHER THAN BANK INTEREST OR STOCK, MUTUAL FUNDS OR BOND INTEREST RECEIVED. Attach additional sheets if necessary.

LIST SPOUSE'S OCCUPATION, PLACE OF EMPLOYMENT AND SALARY.

WHAT IS YOUR TOTAL INDEBTEDNESS AT THE PRESENT TIME AND TO WHICH CREDITOR, W/ACCT #  
(OTHER THAN MORTGAGE OR CAR LOAN) Attach additional sheets of paper if necessary.

HAVE YOU EVER HAD A JUDGEMENT OR LIEN PLACED AGAINST YOU OR YOUR SPOUSE?

☐ YES ☐ NO

IF YES, GIVE DETAILS: SPECIFICALLY JURISDICTION, DATES AND AMOUNTS

HAVE YOU EVER HAD A CHARGED-OFF ACCOUNT?

☐ YES ☐ NO

IF YES, GIVE DETAILS:

HAVE YOU EVER HAD ACCOUNTS PLACED IN THE HANDS OF A COLLECTION AGENCY?

☐ YES ☐ NO

IF YES, GIVE DETAILS:

ARE YOU NOW IN THE PROCESS OR HAVE YOU EVER FILED FOR BANKRUPTCY?

☐ YES ☐ NO

IF YES, GIVE DETAILS AS TO AMOUNT(S) AND JURISDICTION(S) LIST DATES

HAVE YOU EVER BEEN A WITNESS, SUSPECT, OR THE SUBJECT OF A POLICE INVESTIGATION?

☐ YES ☐ NO IF YES, EXPLAIN IN DETAIL AS TO WHAT OFFENSE, JURISDICTION, DATE, OUTCOME OR RESULTS OF THE INVESTIGATION.

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATIONS? ☐ YES ☐ NO

IF YES, PROVIDE ALL PERTINENT DETAILS INCLUDING FINES, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

**NOTE:** A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR EMPLOYMENT. INFORMATION CONCERNING CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON CONVICTIONS WILL, IF EMPLOYED, BE SUBJECT TO DISMISSAL OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

HAVE YOU EVER BEEN PLACED ON PROBATION FOR ANY OFFENSE (SEALED OR EXPUNGED RECORDS INCLUDED)

☐ YES ☐ NO IF YES, GIVE DETAILS:

HAVE YOU EVER COMMITTED ANY CRIMINAL OFFENSE?

☐ YES ☐ NO IF YES, GIVE DETAILS: Attach additional sheets if necessary

HAVE YOU BEEN FINGERPRINTED BY A LAW ENFORCEMENT AGENCY?

☐ YES ☐ NO

GIVE DETAILS BELOW. YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER AGENCIES.

AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____
AGENCY_____	DATE_____
PURPOSE_____	STATUS:_____



HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER POLICE AGENCY?

☐ YES ☐ NO List all, with dates and status of application. Attach additional sheets of paper if necessary.

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HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANOTHER LAW ENFORCEMENT AGENCY?

☐ YES ☐ NO IF YES, GIVE DETAILS: Attach additional sheets of paper if necessary

HAVE YOU EVER HAD A POLYGRAPH?

☐ YES ☐ NO STATE WHERE, WHEN AND REASON

HAVE YOU EVER BEEN THE VICTIM OF A CRIME?

☐ YES ☐ NO STATE WHERE, WHEN AND PROVIDE DETAILS Use additional sheet of paper if necessary.

DRIVER LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

DRIVER LICENSE TYPE: ☐ OPERATOR ☐ CDL: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO

IF YES, EXPLAIN: \_\_\_\_\_

WAS YOUR LICENSE EVER RESTORED? ☐ YES ☐ NO DATE: \_\_\_\_\_

DID YOU EVER POSSESS A DRIVERS LICENSE ISSUED BY ANY STATE OTHER THAN FLORIDA?

☐ YES ☐ NO

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ RESTRICTIONS \_\_\_\_\_

HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

☐ YES ☐ NO IF YES, GIVE DETAILS. Use additional sheet of paper if necessary

HAS YOUR DRIVERS LICENSE EVER BEEN RESTRICTED DUE TO TRAFFIC OFFENSE CONVICTIONS OR PLACED ON NEGLIGENT OPERATORS PROBATION?

☐ YES ☐ NO IF YES, GIVE DETAILS. Use additional sheet of paper if necessary

HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT?

☐ YES ☐ NO IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT. Use additional sheet of paper if necessary.

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION? ☐ YES ☐ NO

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION? ☐ YES ☐ NO

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CAUSE OF ACCIDENT \_\_\_\_\_

WHO WAS CHARGED WITH ACCIDENT \_\_\_\_\_ WAS THERE A POLICE INVESTIGATION? ☐ YES ☐ NO

LIST **ALL** TRAFFIC CITATIONS YOU HAVE RECEIVED THROUGHOUT YOUR DRIVING HISTORY. Use **additional sheet of paper if necessary**. State "none" if applicable. Do not leave this section blank.

LOCATION (STREET, CITY, STATE)	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

DO YOU PRESENTLY HAVE AUTOMOBILE LIABILITY INSURANCE? ☐ YES ☐ NO

IF YES, LIST DATES OF COVERAGE FROM \_\_\_\_\_ TO \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ TYPE OF POLICY \_\_\_\_\_

IF NOT, GIVE DETAILS:

**CONTROLLED SUBSTANCE USE****SECTION 12**

HAVE YOU EVER ILLEGALLY POSSESSED, USED OR SOLD DRUGS OR MARIJUANA?

☐ YES ☐ NO

IF YES, GIVE SPECIFIC DETAILS AND DATES. Use additional sheet of paper if necessary

HAVE YOU POSSESSED, INJECTED, INHALED, SWALLOWED, OR INGESTED BY ANY OTHER MEANS, ANY ILLEGAL DRUGS WITHOUT LEGAL AUTHORIZATION.

☐ YES ☐ NO

IF YES, GIVE DETAILS: Use additional sheet of paper if necessary

**ORGANIZATIONS****SECTION 13**

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS: Use additional sheet if necessary.

NAME, ADDRESS AND TELEPHONE	TYPE (FRATERNAL, SOCIAL, PROFESSIONAL)	MEMBERSHIP DATES	OFFICE OR POSITION HELD
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**SUBVERSIVE ORGANIZATIONS:**

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION ANYWHERE? ☐YES ☐NO
2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION? ☐YES ☐NO
3. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF TERROR OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY VIOLENT OR ILLEGAL MEANS? ☐YES ☐NO
4. ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE, AS AN AGENT, OFFICIAL OR EMPLOYEE? ☐YES ☐NO
5. HAVE YOU EVER BEEN ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OR ORGANIZATIONS OF THE TYPE DESCRIBED ABOVE: CONTRIBUTIONS TO, OR ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR ANY ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER PREPARED, REPRODUCED, OR PUBLISHED BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES? ☐YES ☐NO

IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THESE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THESE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

**FOREIGN LANGUAGES****SECTION 14**

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair
	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair	Excellent Good Fair

**ADDITIONAL INFORMATION****SECTION 15**

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE TOWN? ☐YES ☐NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

☐ YES   ☐ NO

<b>DATES PREVIOUSLY EMPLOYED (FROM/TO):</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE: \_\_\_\_\_

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[illegible]

**EMERGENCY CONTACT****SECTION 16**

NAME : \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ BUSINESS TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**CHARACTER REFERENCES****SECTION 17**

LIST EIGHT (8) CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. **DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE OF THE UNITED STATES TERRITORIES.**

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

**VETERANS' PREFERENCE****SECTION 18**

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?

☐ YES ☐ NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE TOWN OF SURFSIDE AND ATTACH COPIES OF SUPPORTING DOCUMENTATION.

**BEFORE SUBMITTING THIS APPLICATION PLEASE VERIFY THAT ALL QUESTIONS HAVE BEEN ANSWERED, AFFIDAVITS HAVE BEEN NOTARIZED AND COPIES OF NECESSARY DOCUMENTATION ARE ATTACHED. PLEASE REFER TO INSTRUCTIONS ON PAGE ONE.**

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE TOWN OF SURFSIDE (THE "TOWN") TO VERIFY ALL INFORMATION CONTAINED HEREIN. I AUTHORIZE MY CURRENT AND FORMER EMPLOYERS, REFERENCES, REGISTRATION AND LICENSING BOARDS AND EDUCATIONAL INSTITUTIONS LISTED ON MY APPLICATION FOR EMPLOYMENT TO PROVIDE THE TOWN WITH ANY JOB-RELATED INFORMATION REQUESTED. I ALSO RELEASE ALL PAST EMPLOYERS AND REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE TOWN.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE TOWN ARE CONDITIONED ON THE SUCCESSFUL COMPLETION OF A CRIMINAL BACKGROUND CHECK, DRUG SCREENING (IF APPLICABLE FOR THE POSITION APPLIED), CREDIT CHECK (IF APPLICABLE FOR THE POSITION APPLIED), REFERENCE CHECK, PAST EMPLOYMENT VERIFICATION AND PROOF OF EDUCATION (COLLECTIVELY REFERRED TO AS A "BACKGROUND CHECK"). BY SIGNING THIS APPLICATION, I AUTHORIZE THE TOWN TO CONDUCT A BACKGROUND CHECK AND, IF APPLICABLE, A CONSUMER REPORT TO BE PROCURED FOR EMPLOYMENT PURPOSES.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED SIX MONTHS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE TOWN CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE TOWN AND EMPLOYEE IN WRITING. IN CONSIDERATION FOR MY EMPLOYMENT I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN. I ACKNOWLEDGE THAT RULES MAY BE CHANGED, WITHDRAWN, ADDED OR INTERPRETED AT ANY TIME, AT THE TOWN'S SOLE OPTION AND WITHOUT PRIOR NOTICE TO ME.

\_\_\_\_\_  
*Printed Name of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Applicant (Must be in ink)*





## TOWN OF SURFSIDE POLICE DEPARTMENT AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any police officer or authorized representative of the town of surfside police department bearing this release, or copy thereof, to obtain from any agency of the government of the united states, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in my possession of information concerning me to supply such information to the town of surfside police department. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, reasons for termination of employment, reason for discharge from military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of the town of surfside police department. I further understand that any information which may be obtained about me from whatever source will be obtained upon an assurance of confidentiality by the town of surfside police department and form a part of the complete background investigation file, to which i will not have access at any time.

I hereby release you as the custodian of such records and as an employer, educational institution, physician, hospital or other repository of medical records, or credit reporting agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time to me, my heirs, family, or associates arising out of compliance with this authorization any request to release information, or any attempt to comply with it.

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

### AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ BY \_\_\_\_\_

WHO IS PERSONALLY KNOWN TO ME OR PRODUCED THE FOLLOWING IDENTIFICATION: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:

SIGNATURE OF NOTARY PUBLIC : \_\_\_\_\_

NOTARY PUBLIC, PRINT NAME: \_\_\_\_\_



## NOTICE UNDER FAIR CREDIT REPORTING ACT

Consent to Obtain Consumer Credit Report

As an applicant or employee of the Town of Surfside, at some point the Town of Surfside may procure (or cause to be procured) your consumer report for employment purposes. This consumer credit report cannot be obtained without your consent, which your signature below will indicate.

“I, \_\_\_\_\_, hereby authorize the Town of Surfside to procure, or cause to be procured, my consumer report for employment purposes.”

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



## CLAIM FOR VETERAN'S PREFERENCE

*Attach copy of your discharge papers (DD214) and submit this form with Application.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I claim Veteran's Preference based on the following: (check basis for your preference below)

- \_\_\_\_\_ 1. As a veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- \_\_\_\_\_ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- \_\_\_\_\_ 3. As a veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1955, if any part of such active duty was performed during a wartime era as defined by Florida Statute and Florida Administrative Code. Active training is not allowable.
- \_\_\_\_\_ 4. As the unmarried spouse of a veteran who was killed in action, or died of a service connected disability.

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

Have you been employed through Veteran's Preference since October 1, 1987? \_\_\_\_\_

If yes, please provide the name and telephone of the employer: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with the Division of Veterans' Affairs within 21 days from the date of notice of hiring decision.



## EQUAL OPPORTUNITY EMPLOYER DATA

THE TOWN OF SURFSIDE IS AN EQUAL OPPORTUNITY EMPLOYER, AND IT COMPLIES WITH GOVERNMENT REGULATIONS WITH REGARD TO EQUAL EMPLOYMENT. TO ASSIST US IN OUR CONTINUING EFFORT TO DO SO, THIS DATA IS COMPILED ON AN ON-GOING BASIS. HOWEVER, YOUR COOPERATION IN COMPLETING THE FOLLOWING IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THIS FORM IS REMOVED FROM THE APPLICATION UPON SUBMITTAL TO THE TOWN OF SURFSIDE AND IS KEPT IN A SEPARATE FILE.

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

RACE:

☐ WHITE (NON-HISPANIC)

☐ BLACK

☐ HISPANIC

☐ ASIAN/PACIFIC ISLANDER

☐ AMERICAN INDIAN/ALASKAN NATIVE

SEX:

☐ MALE

☐ FEMALE

VETERAN:

☐ YES

☐ NO

DISABLED:

☐ YES

☐ NO

REFERRAL SOURCE:

☐ NEWSPAPER ADVERTISEMENT (Specify Source) \_\_\_\_\_

☐ TOWN OF SURFSIDE JOB ANNOUNCEMENT

☐ TOWN OF SURFSIDE EMPLOYEE (Please indicate name of referring employee on front page of application)

☐ WALK-IN

☐ OTHER (Please Specify)



To: *Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records*

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:** \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

\_\_\_\_\_  
\_\_\_\_\_

*Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission

expires on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known \_\_\_\_\_ - or - Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Effective: 8/9/2001

Original – Employing Agency